LOBBYIST ANNUAL REPORT FORM



State of Idaho

Ben Ysursa Secretary of State

To Be Filed By:

LOBBYISTS (Sec. 67-6619) 2006 JAH -4, Pil 2: 27

(Type or print clearly in black ink) See instructions at bottom of page	S450	
Lobbyist's name and permanent business address	Date prepared	Period covered
Neil t. Mass 1607 West Letterson Street	1/03/04	year endii
is the second second	1 1/05/04	i

ng Boise, ID 83706 (Yr.) (Mo.) (Day) 12 31

Totals of all reportab	portable expenditures made or incurred by Lobbyist or by Lobbyist's Employer on behalf of Lobbyist's Employer.							
Category of Expenditure Reimbursed Personal Living and Travel	* Total Amount for All Employers	Proportionate amounts contributed by each employer (Identify employers, under Item 3, at bottom of page.)						
Expenses Pertaining to Lobbying Activity Do Not Have to be Reported		Employer No. 1	Employer No. 2	Employer No. 3	Employer No. 4			
Entertainment Food and Refreshment	\$	\$	\$	\$	\$			
Living Accommodations								
Advertising								
Travel								
Telephone								
Other Expenses or Services								
Total	s	s <u>N/A</u>	s 11/A	s N/A	s <u>NA</u>			
Total	\$	\$ <u> </u>	\$ 11/14	\$ _10//1	\$ <u>14/14</u>			

*When the number of employers you are reporting for requires multiple L-2 forms to be filed a total amount for all employers should be entered on Page 1.

Item	The totals of each expenditure of more than fifty dollars (\$50) for a legislator of other holder of public office.					
2	Date	Place	Amount	Names of Legislators & Public Officials in Group		
,	N/A	NA	AK	N/A		

Continued on attached page(s)		I
INSTRUCTIONS		Employer(s) Name(s) and Address(es)
Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code.	No.1 [[laho Health Facilities Authority aci West Jeffenson street poise, ID 83706
Filing deadline: Annual report is due on January 31st.	No.2	
TO BE FILED WITH: Ben Ysursa Secretary of State PO Box 83720	No.3	
Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282	No.4	

Item 4			made by the lobbyist or by the lobbyist's employer in the nature of contributions of money or other tangible or intangible perty to any Legislator, or for or on behalf of any legislator.						
	Date		Amount			Name of Legislator Receiving of	r Bene	fited	
	NJI	7	NA	NA					
Item 5	or Ho	use Bill,	Resolution or other	ion, the number of the Senate legislative activity in which	LEGISLATIVE SUBJECT IDENTIFICATION				
Subjec (from	t Code	Bill, Re	as supporting or of solution or Other ive Ident. Number	Appropriation Bill Number and Section Number	01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16	taxation, revenue, budget, appropriations, bids, fees, funds	20 21 22 23 24 25 26 27 28 29 30 31	Subject Health service, medicine, drugs and controlled substances, health insurance, hospitals Higher education Housing, construction, codes Insurance (excluding health insurance) Labor, salaries and wages, collective bargaining Law enforcement, courts, judges, crimes, prisons License, permits Liquor Manufacturing, distribution and services Natural resources, forest and forest products, fisheries, mining and mining products Public lands, parks, recreation Social insurance, unemployment insurance, public assistance, workmen's compensation Transportation, highways, streets and roads Utilities, communications, televisions, radio, newspaper, power, CATV, gas Other (please specify)	
						Lobbyist signature Employer No. 1 signature Employer No. 2 signature	udisa cudisa	Date Date Date	
CERTIFICATION: I hereby certify that the above is a true, complete and correct statement in accordance with Section 67-6624 Idahe Code.				Employer No. 3 signature		Date			
		<u> </u>			J	Employer No 4 signature		Date	